

California Nonresident or Part-Year Resident Income Tax Return 2006

FORM

Long Form**540NR C1 Side 1****Fiscal year filers only:** Enter month of year end: month _____ year 2007.

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
If joint return, spouse's first name	Initial	Last name	Spouse's SSN or ITIN	
Present home address — number and street, PO Box, rural route, or PMB no.			Apt. no. PBA Code	
City, town, or post office (If you have a foreign address, (see page 15))			State ZIP Code	
Prior Name If you filed your 2005 tax return under a different last name, write the last name only from the 2005 return. <input checked="" type="radio"/> Taxpayer <input type="radio"/> Spouse				

Filing Status	1 <input type="radio"/> Single	4 <input type="radio"/> Head of household (with qualifying person). (see page 3)
	2 <input type="radio"/> Married filing jointly. (see page 3)	5 <input type="radio"/> Qualifying widow(er) with dependent child. Enter year spouse died _____.
	3 <input type="radio"/> Married filing separately. Enter spouse's SSN or ITIN above and full name here _____.	
6 If someone can claim you (or your spouse) as a dependent, fill in the circle (see page 15). <input checked="" type="radio"/> 6 <input type="radio"/>		

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

7 Personal: If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2.
 If you filled in the circle on line 6 do not enter an amount on line 7. 7 ☐ X \$91 = \$ _____

8 Blind: If you (or your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$91 = \$ _____

9 Senior: If you (or your spouse) are 65 or older, enter 1; if both, enter 2 ☒ 9 ☐ X \$91 = \$ _____

10 Dependents: Enter name and relationship. **Do not include yourself or your spouse.** _____
 _____ Total dependent exemptions. ☒ 10 ☐ X \$285 = \$ _____

11 Exemption amount: Add line 7 through line 10. 11 \$ _____

Total Taxable Income	12 Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2, line C <input checked="" type="radio"/> 12	
	13 Enter federal AGI from Forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 35; or 1040NR-EZ, line 10	13
	14 California adjustments — subtractions. Enter the amount from Schedule CA (540NR), line 37, column B	14
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 16)	15
	16 California adjustments — additions. Enter the amount from Schedule CA (540NR), line 37, column C	16
	17 Adjusted gross income from all sources. Combine line 15 and line 16	17
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 43; OR Your California standard deduction (see page 16)	18
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0-	19

CA Taxable Income	20 Tax. Fill in the circle if from: <input type="radio"/> Tax Table <input type="radio"/> Tax Rate Sch. <input type="radio"/> FTB 3800 <input type="radio"/> FTB 3803. <input checked="" type="radio"/> 20	
	21 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45.	21
	22 CA Taxable Income from Schedule CA (540NR), Part IV, line 49	22
	23 CA Tax Rate. Divide line 20 by line 19	23
	24 CA Tax Before Exemption Credits. Multiply line 22 by line 23.	24
	25a CA Exemption Credit Percentage. Divide line 22 by line 19. If more than 1, enter 1.0000	25a
	25b CA Prorated Exemption Credits. Multiply line 11 by line 25a. If the amount on line 13 is more than \$150,743 (see page 17).	25b
	25c CA Regular Tax Before Credits. Subtract line 25b from line 24. If less than zero, enter -0-	25c
	26 Tax (see page 18). Fill in the circle if from: <input type="radio"/> Schedule G-1 <input type="radio"/> FTB 5870A. <input checked="" type="radio"/> 26	
27 Add line 25c and line 26.	27	

Special Credits	28 Credit for joint custody head of household (see page 18)	28
	29 Credit for dependent parent (see page 18)	29
	30 Credit for senior head of household (see page 19).	30
	31 Credit percentage and credit amount. Credit percentage 31a	31
	32 Enter credit name _____ code no _____ and amount.	32
	33 Enter credit name _____ code no _____ and amount.	33
	34 To claim more than two credits (see page 19)	34
	35 Nonrefundable renter's credit (see page 37)	35
	36 Add line 31 through line 35. These are your total credits	36
37 Subtract line 36 from line 27. If less than zero, enter -0-	37	

Your name: _____ Your SSN or ITIN: _____

Other Taxes	38 Amount from Side 1, line 37	38 _____
	39 Alternative minimum tax. Attach Schedule P (540NR).	● 39 _____
	40 Mental Health Services Tax (see page 20)	● 40 _____
	41 Other taxes and credit recapture (see page 20)	● 41 _____
	42 Add line 38 through line 41. This is your total tax	● 42 _____

Payments	43 California income tax withheld (see page 20).	■ 43 _____
	44 Nonresident withholding (Form(s) 592-B, 593-B, or 594) (see page 20).	■ 44 _____
	45 2006 CA estimated tax and other payments (see page 20)	■ 45 _____
	46 Excess SDI. To see if you qualify (see page 21)	■ 46 _____
	Child and Dependent Care Expenses Credit (see page 21). Attach form FTB 3506.	
	● 47 _____	● 48 _____
	■ 49 _____	■ 50 _____
	51 Add line 43, line 44, line 45, line 46, and line 50. These are your total payments	51 _____

Overpaid Tax/Tax Due	52 Overpaid tax. If line 51 is more than line 42, subtract line 42 from line 51	52 _____
	53 Amount of line 52 you want applied to your 2007 estimated tax	■ 53 _____
	54 Overpaid tax available this year. Subtract line 53 from line 52	■ 54 _____
	55 Tax due. If line 51 is less than line 42, subtract line 51 from line 42	55 _____

Contributions	CA Seniors Special Fund (see page 36)	● 56 _____	00	Emergency Food Assistance Program Fund	● 63 _____	00
	Alzheimer's Disease/Related Disorders Fund	● 57 _____	00	CA Peace Officer Memorial Foundation Fund	● 64 _____	00
	CA Fund for Senior Citizens	● 58 _____	00	CA Military Family Relief Fund	● 65 _____	00
	Rare and Endangered Species Preservation Program	● 59 _____	00	Veterans' Quality of Life Fund	● 66 _____	00
	State Children's Trust Fund for the Prevention of Child Abuse	● 60 _____	00	CA Sexual Violence Victim Services Fund	● 67 _____	00
	CA Breast Cancer Research Fund	● 61 _____	00	CA Colorectal Cancer Prevention Fund	● 68 _____	00
	CA Firefighters' Memorial Fund.	● 62 _____	00	CA Sea Otter Fund	● 69 _____	00
	70 Add line 56 through line 69. These are your total contributions.	● 70 _____	00			

Amount You Owe	71 AMOUNT YOU OWE. Add line 55, and line 70 (see page 21). Do not send cash.	
	Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	■ 71 _____

Interest and Penalties	72 Interest, late return penalties, and late payment penalties	72 _____
	73 Underpayment of estimated tax. Fill in the circle: ○ FTB 5805 attached ○ FTB 5805F attached	■ 73 _____
	74 Total amount due (see page 23). Enclose, but do not staple, any payment	74 _____

Refund and Direct Deposit	75 REFUND OR NO AMOUNT DUE. Subtract line 70 from line 54.	
	Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002	■ 75 _____

Fill in the information to have your refund directly deposited to one or two separate accounts. Do not attach a voided check or a deposit slip (see page 23).

All or portion of total refund (line 75) you want to direct deposit:

_____	<input type="checkbox"/> Checking	_____	_____
● Routing number	● Type	● Account number	■ 76 Amount you want to direct deposit

Remaining portion of total refund (line 75) you want to direct deposit:

_____	<input type="checkbox"/> Checking	_____	_____
● Routing number	● Type	● Account number	■ 77 Amount you want to direct deposit

Sign Here It is unlawful to forge a spouse's signature. Joint return? (see page 23)	IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
	Your signature	Spouse's signature (if a joint return, both must sign)	Daytime phone number (optional)
	X	X	() _____
	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Date: _____
	Firm's name (or yours if self-employed)		Paid preparer's SSN/PTIN
	Firm's address		FEIN